	Per cent.
Anderson, Chautauqua, Coffey, Crawford, Ellis, Ellsworth, Franklin, Jackson, McPherson, Morris, Osborne, Pottawatomie, Republic, Scott, Shawnee, Trego	81⅓
Greenwood, Hodgeman, Kearney, Labette, Meade, Morton, Seward, Thomas, Washington	75
Gray, Linn, Pawnee, Reno, Rice, Wabaunsee, Wyandotte	66⅔
Jewell	58⅓
Decatur, Johnson, Wichita	50
Barber, Edwards, Phillips, Russell, Stevens	41⅔
Dickinson, Grant, Greeley, Harvey, Logan, Marshall, Saline	33⅓
Pratt, Rush	25
Finney, Rooks, Sheridan	12½
Atchison, Stafford	8⅓
Stanton	0

CITIES.

Parsons, Coffeyville, Hutchinson, Wichita, Topeka	100
Leavenworth	91⅔
Fort Scott	83⅓
Kansas City	75
Pittsburg	50
Atchison	8⅓

* * * * * * *

Fraternally, yours,

JOHN J. SIPPY, M. D.,
Epidemiologist.

INTERSTATE MIGRATION OF TUBERCULOUS PERSONS.

ITS BEARING ON THE PUBLIC HEALTH, WITH SPECIAL REFERENCE TO THE STATES OF TEXAS AND NEW MEXICO.[1]

By ERNEST A. SWEET, Passed Assistant Surgeon, United States Public Health Service.

The Effects of Travel Upon Tuberculous Persons.

We have seen the possible sources of danger to the public in the migration of the tuberculous. Attention must now be directed to the consequences to the consumptives themselves in their efforts to obtain relief. The journey from East to West, while performed in these days in a greater degree of comfort than in former years, is particularly depressing to those in an advanced stage of the disease, and there are few who arrive at their destination in as good condition physically as they were upon departure. At times the deterioration is marked, the journey itself apparently being the element which has brought about rapid progression of the disease and perhaps a change in the entire aspect of the case.

Consumptives do not bear close confinement, and when such confinement is accompanied by exposure to dust, overheating, lack of rest and food, and the depression which results from parting with friends,

[1] This is the second installment of this article. The first installment appeared in the Public Health Reports of April 9, 1915, page 1059.

the results are particularly bad. Incipient afebrile cases are quite apt to exhibit fever upon arrival, and those which are moderately febrile will have a greater degree of temperature. Inhalation of dust invariably aggravates the cough and râles are more noticeable, so that the determination of the exact pulmonary condition must be postponed for several days. Lack of rest has a pronounced effect, especially if the journey is attempted in a day coach, and loss of weight is almost sure to result.

The effects of altitude should be considered in all far advanced cases, or those complicated with valvular, myocardial, or nephritic lesions, as several of the transcontinental roads reach a height beyond 6,000 feet. It is not unusual to observe cases arriving at western resorts with cyanosed lips and fingers, rapid respiration, galloping heart, and evidence of circulatory failure—cases, too, which from the pulmonary standpoint seemed favorable for prolongation of life. Many of those who die upon trains or shortly after arrival are of this type. It is always well for the physicians to give careful advice as to exercise to such patients, as well as to every other far-advanced patient, and relatives should accompany whenever possible.

The forwarding of patients to the various Government sanatoria has afforded excellent opportunity for observations regarding the effects of travel upon tuberculous persons, and it has been the rule at the United States Public Health Sanatorium for many years to return to the hospital from which the patient was received a transcript of the physical findings. Allowing in each instance for the personal factor which enters into a chest examination but does not affect the findings as to pulse, temperature, weight, etc., the conclusion must be reached that practically every patient who has traveled a considerable distance is worse upon his arrival than upon his departure. Physicians and others should, therefore, exercise caution in advising a change of residence, and do so only after a most careful physical examination in which every determinable factor is considered. If other considerations are equal, a resort which is easily accessible to the patient should be selected, and not one far distant from his home. Such a place also has the advantage that if it proves unsatisfactory in any respect a change is more readily made.

The Status of Health Seekers Upon Arrival.

The reception accorded health seekers upon their arrival varies with the stage of the disease, their financial status, and the locality visited. While no single description will suffice for all communities, some remarks are necessary in order that we may properly understand the attitude of the public toward the consumptive. It must be remembered that the statements made are general, and that they do not apply to all the resort cities nor include all health seekers.

Within recent years a spirit of antagonism has developed toward the tuberculous in many western cities. This antagonism manifests itself in widely different ways; it is much more pronounced in certain communities than in others, and there are many reasons for its existence. It is impossible to enumerate all the causes of this strong undertone of feeling which prevails and is so often apparent, and at times disheartening, to the health seeker, but a few of the factors may be mentioned.

In the first place, the character of the West is changing. The majority of the towns and cities have become independent—that is, the surrounding country has developed, and they have increased in population and resources. The inhabitants are enumerated with perhaps as much zeal as in former days, the health seeker being of material assistance in the computation; but with the influx of the well he has to a certain extent been crowded out, his existence becoming more parasitic. At the same time, he has lost his inoffensiveness, and in the public eye he is potentially, if not actually, harmful.

Secondly, a pronounced phthisiophobia has developed throughout the land, the West as well as the East. This fear of the disease is a natural outgrowth of our teaching, and it is not surprising that extreme views regarding its communicability have in some instances developed. We have been years in instructing the public regarding the dangers of tuberculosis, and who can say that they have not been well taught? We now find it necessary to modify our views; to state that if anything we have underestimated the dangers of infection in children and perhaps overestimated it in adults, and that our safety lies not so much in attempting the isolation of the ubiquitous consumptive as in the development of our racial and individual resistance through every possible means. Naturally the instruction of the public along these lines may lead to further misunderstandings, and it is a problem how the question should be approached. However, this is for the future to decide. The fact remains that the prevalent notion of the disease is that it develops in some manner from taking the bacillus into the system, that contact with a consumptive is necessary to obtain the germ, and that once it invades the body disastrous consequences are bound to occur. Under such circumstances can we blame the public for exhibiting a degree of fear?

A third reason is that consumptives have made themselves objectionable. This statement does not by any means apply to all, but it does refer to that large percentage who are careless in their habits and regardless of the welfare of the people at large. Such invalids are discriminated against, but they have brought the discrimination upon themselves. No other disease is more easily diagnosed by the

laity; hence every aggregation of consumptives is noticeable. Their gathering in the public parks and plazas, their mingling with the well in theaters and in street cars and other vehicles, at the same time violating the laws of decency and health, could have but one result—their partial ostracization. No city can be blamed for any discrimination made upon such a basis as this, although it is unfortunate that the innocent are obliged to suffer for the offenses of others.

A number of the well-known resorts for the tuberculous have also become popular tourist centers, and the feeling has developed that the two classes of residents are more or less incompatible, the presence of the tuberculous acting as a deterrent to the more desirable tourist element. The history of many of our large tourist centers does not altogether bear out this belief. Saranac has become both a summer and winter resort for the well, though the virtues of the place were first revealed by the invalid class. Likewise Asheville, Denver, San Antonio, Colorado Springs, Los Angeles, and San Diego retain at least a portion of their popularity in spite of the presence of consumptives. The argument is made, however, that if these people had been debarred, both the popularity and growth of such cities would have been greater, and to this contention no adequate reply can be made, it being a matter incapable of proof.

The appearance of indigent and far-advanced consumptives in large numbers is still another reason why western communities have rebelled. Cities are for the most part willing that those with means at their disposal should share the benefits of their climate, but they must necessarily discourage those who are unable to care for themselves. This class has become an economic burden, the extent of which we shall refer to later, and rather than care for the sick poor of other cities the towns have decided that it is preferable to discourage altogether the influx of invalids. The far-advanced consumptives are likewise objectionable, those who present no appearance of invalidism being placed in an entirely different category from those who exhibit every evidence of the ravages of the disease.

In attempting to explain the attitude of communities toward the consumptive we may describe conditions as they exist in a typical resort. For this reason the town of X is chosen, a beautiful village situated in the mountains, but within easy access to one of the large resort cities. The town is the center of an immense grazing country. The people are hospitable and kind, showing the stranger in their midst every attention and courtesy, provided he presents a healthy appearance. The town has been for many years a popular health resort, and fully 50 per cent of the families were originally health seekers. It has never suffered from an influx of indigents, although the residents assert that some few have been shipped in from a neighboring city, but whenever this has occurred a subscription

paper has been passed and they have promptly been returned at a minimum expense, so that the town has never had any tuberculous poor. The village is visited in summer by several hundred people; otherwise it goes on in the even tenor of its way, a model American community in many respects.

In 1911 a bill was introduced in the legislature by the representative from this district for the establishment of a State sanatorium for tuberculosis. The bill became a law, but the very man who introduced it strenuously objected to the erection of the institution in his home town. A meeting was called, the project was overwhelmingly voted down, and the people went on record as not desiring the institution in their midst, or any further increase in the tuberculous population.

Before this it had been customary for many consumptives to migrate in wagons from place to place, camping here and there along the streams, and spending the entire summer season entirely out of doors, a favorite camping site being just below but within easy walking distance of the village. These people were not particularly offensive, although they seldom left their camp sites in as good condition as they should, but it was felt that the town would be better off without them. For the sole purpose, therefore, of eliminating these nomadic consumptives, the city passed an ordinance prohibiting the erection of any tent within the corporate limits, a district a mile in width and 2 miles in length.

The accommodations for invalids are strictly limited and great difficulty is encountered in finding either board or lodging. One day a stranger collapsed in the street, but there was not a place in town where he could be cared for except the back room of a doctor's office, where he remained for two days until he had partially regained his strength, when he was shipped out of town. A well-equipped hospital in the village refuses to admit the tuberculous under any circumstances. In the office of the leading hotel is a notice reading "Positively no regular boarders taken without a certificate from a doctor stating that they have no tuberculosis," well exemplifying the spirit of the town toward the invalid class.

Here, then, is a village, inhabited by as considerate a people as one would wish to meet, a large part of whom were originally health seekers, and therefore presumably favorably inclined toward their brother victims, with never any tuberculosis developing in their midst, and yet not only unfriendly, but decidedly antagonistic, toward the consumptive. This is not an exceptional instance by any means, and the facts cited can be applied without modification to many western towns, barring the instance of the hotel keeper's notice, which is novel—so novel in fact that the host desires credit for the innovation.

The reasons for such an attitude are not far to seek. From an economic standpoint it is the general belief that the community would be better off without the invalid class; that for reasons of health the citizens prefer to have them elsewhere, and, chiefly, that the absence of all such is necessary to rid the community of the objectionable few.

The inference must not be drawn that all western communities are of this character, but it is safe to conclude that an element of such feeling exists in all. Many of the towns have taken quite the opposite view, welcoming the invalid, and even in their literature lauding the desirable qualities of their atmosphere. Such places are the ones to which health seekers should resort, the sympathy extended being of advantage, the accommodations superior, and the lessened amount of prejudice often enabling those who are able, to secure employment. Unfortunately many of these place are shunned by the afflicted, although the climatic advantages may be the same or even better, there being a great tendency to flock to the cities. All other considerations being equal the smaller towns are much more to be desired and the movement cityward is to be deprecated. The suggestion has been offered that a list of those places which extend a welcome to invalids and those whose attitude is antagonistic should be given, in order that a proper selection may be made, but truly the compiler would need to have more courage than judgment in aligning the resorts.

Facilities Available for the Reception of Invalids.

The most important consideration upon arrival is the securing of proper accommodations, a process more tiresome, perhaps, than the trip itself, and necessarily undertaken at the very time when the invalid, in order to accustom himself to the changed conditions, should have absolute rest. Extremely few arrivals have previously made arrangements for institutional care, and these are fortunate. A small portion of the remainder are destined to relatives or friends or have definite accommodations in view, but the large majority are without knowledge of where to go. Hotels, boarding and lodging houses, hospitals, and sanatoria, public and private, are possible places of refuge.

Hotels are semipublic institutions managed for personal profit, and therefore catering to the wishes of the public at large. Those who patronize these places make certain demands, and if the management is keen, such demands are complied with, whether it be new cooks in the kitchen or tango teas on Saturday afternoons. The traveling and tourist trade has ordered in no uncertain terms that hotels should no longer continue to harbor guests afflicted with a communicable disease, and whenever this order has not been re-

sponded to, loss of patronage has ensued. This, in brief, is the landlord's side of the question.

When a consumptive arrives at a resort town and hastens to a hotel, only to be informed by the discriminating clerk that no accommodations are available, his surprise is apt to be manifested. After withholding or expressing, as the case may be, his opinion of the management, he directs his steps across the street, only to meet with a second rebuff, and at length he either accepts the comforts of a third-rate hotel or, after continued search, is able to obtain lodgings; or, having once passed muster, he finds that a more discerning clerk appears, or that another guest has complained of his presence, and he is politely informed that his room must be vacated. Either of these two humiliating experiences are common enough occurrences in resort towns, and they may occur to any person who presents an appearance of invalidism.

It is useless to deprecate such occurrences as long as public sentiment remains unchanged. The sick should realize that their presence is objectionable to a large number of people, and act accordingly. It is not because hotel managers fear for the health of their guests that such measures are adopted, for in all probability the clerk, if not the cook, as well as a dozen other employees, are themselves tuberculous, but as long as recognition of this fact is not made no trouble arises.

What has been said regarding hotels applies in every respect to boarding and lodging houses as well. There are two classes of such in the health belt—those which do not accept the tuberculous and those which do, the latter being extremely difficult to locate. Entrance to the former may be gained surreptitiously, and it is not to be supposed that they do not contain a fair share of invalids. A roster of these people shows afflictions as diverse as those of any hospital ward; some have "rheumatism," others "nervous trouble," and perhaps a few "hay fever," yet they all cough. Very often the proprietress is a party to this deception, but if so, one may be sure that she makes weekly collections for her ability as a diagnostician.

Moderately or far advanced cases are as a rule not received except in houses catering to this class. In some cities it is almost impossible to find accommodations, as even the cheapest lodging houses claim to reject invalids, although they are usually crowded with them—a direct result of the elimination of the tuberculous from better residences, an important fact from a health standpoint. Complaints have been made that people who are able and willing to pay are often unable to find accommodations and are forced to walk the streets or to appeal for aid to physicians or charitable institutions. Prospective health seekers should be made acquainted with these facts and warned that arrangements for their care before arrival are

essential and should be made previous to departure. Unless this is done, patients are almost sure to meet with difficulties and embarrassments.

In going through the Southwest one is struck by the great dearth of free clinics and public hospitals, but when it is realized that the country is thinly settled and comparatively new, and that endowments are almost unheard of, this can be easily understood. There has also been a remarkable growth of the private at the expense of the public institution, and these are conducted for profit, so that hospitals with eleemosynary features are rare and accommodations for the poor, or even people in moderate circumstances, are lacking.

Recognizing the great need of institutions of this character the Texas Public Health Association has carried on a most energetic campaign during the last few years for the establishment of facilities for caring for the sick, and this work has not been without fruit. A bill, which was enacted into law largely through the efforts of this society, provides that upon application of 10 per cent of the qualified voters of a county the commissioners' court may at a special or regular election submit to the property tax paying voters of the county the proposition of issuing bonds for the establishing or enlarging of hospitals and the acquiring of property therefor. This enactment also provides for dispensaries and clinics, and the employment of visiting nurses in connection therewith. The law is one which may well serve as a model for other States, and is an illustration of what an efficient organization, with a capable secretary at its head, may accomplish.

The complications of tuberculosis are numerous and varied, so that in whatever condition one may be he should have in mind when selecting a resort the facilities available should difficulties arise. It is not enough to know that a hospital exists, but it should be determined whether or not it is open to the reception of the tuberculous and at what rates.

Curiously, the same reluctance to receive consumptives manifested by hotels and boarding houses is apparent in hospitals. The majority of privately owned institutions, unless of course they are conducted for that purpose, absolutely refuse admission to such cases. It is not improbable that many are admitted, especially through physicians or influential friends. In fact, the information furnished by the management does not always coincide with that gleaned from death certificates; nevertheless it is the rule in better managed institutions that consumptives shall be debarred. The hospitals contend that a case of tuberculosis is in the same category as one of scarlet fever or diphtheria, that other patients object to the presence of such cases, that they are more disturbing, require better food and attention, and that nurses are more reluctant to care for them. Therefore it is

necessary either to increase the rates or to refuse them admission altogether, and the second course is usually pursued.

One of the great disadvantages of treatment in the smaller towns is the absence of hospital beds, there being practically none outside of the limited number of sanatoria. In the cities the proportion of beds to patients is far below what it should be. At El Paso, with at least 4,000 invalids, there are less than 120 beds, and the rates are such that people in moderate circumstances can ill afford their comforts. Albuquerque has approximately 115 beds. San Antonio has accommodations for fewer than 100 patients, and 30 of these are at the county poor farm, the large hospitals of the city absolutely refusing to care for the tuberculous, and there being but one sanatorium. In 1909 an ordinance was passed in this city prohibiting the establishment within the corporate limits "of any sanatorium, hospital, or institution of any kind or character, for the reception of, care, cure, or treatment of persons suffering from or afflicted with pulmonary or other character of tuberculosis," and this enactment enhanced the value of the only institution already erected so much that it sold for many thousands of dollars above its true worth.

If the hospitals show a reluctance in admitting the tuberculous, the tuberculous manifest a far greater reluctance in seeking the hospitals. Unlike other diseases, sufferers from which require at the most but a few weeks of institutional treatment, tuberculosis is one which necessitates even months of treatment, and the financial condition of patients is often such that they can not afford this expenditure. The majority, too, when they seek climatic benefit neglect to avail themselves of every other means of cure, one of the gravest errors the consumptive makes; hence we find that whenever admission to hospitals is sought, such patients are apt to be critically ill, or suffering from some complication, surgical or otherwise. Eliminating those who enter institutions when unable further to care for themselves, the percentage of invalids who have proper hospital treatment is not large, certainly not over four or five per cent.

In proportion to the infected population the number of sanatoria in the two States is small, but it is quite certain that if there were a demand for more their erection would follow. Sufferers who do not seek climatic change usually realize the necessity of institutional treatment, but health seekers are quite the opposite, apparently believing that climate, and climate alone, is sufficient to cure. As a result, special institutions for the treatment of the disease are not as common as one would expect.

The great advantages of sanatoria are their educational influence. Here the patient learns the value of fresh air and how to obtain it; the true meaning of rest in a medical sense is appreciated for the first time, as well as the proper interpretation of every symptom and the

requirements necessary to effect a cure. It is true that patients outside the sanatoria obtain in time a knowledge of the fundamentals, but this is chiefly the result of experience, and experience is an expensive teacher in tuberculosis.

No disease requires such close attention to detail and careful discrimination for its successful treatment as does tuberculosis, but the public has yet to learn this fact. It is the little things which count, the trivial affairs of every-day life which have such an important bearing upon recovery. The sanatorium is the place where every detail is accorded its true worth, where nothing is too commonplace to be investigated, and where all that is obscure is delved into. The sole object of being there—recovery—is ever before the patient, and the stimulus of observing others similarly afflicted on the journey to health is an additional factor for good. Given a sufferer who has only sufficient funds for a brief period in the health belt, it is far better for him to cut that period in half, entering a well-equipped institution.

One disadvantage of the sanatorium is, of course, the expense. Relatively few health seekers are prepared to pay month after month the amount required for such treatment, although this is not sufficient explanation for the presence of consumptives about hotels and lodging houses, where the expense is even greater than in institutions. The sanatorium life becomes tiresome and monotonous, the irksomeness palls, and patients long to be free. Therefore it is difficult to hold the very ones for whom the most can be done.

Next to the sanatorium the home offers the best facilities for the cure of the disease, and the number who have adopted this means in the Southwest, having temporarily or permanently taken up their residence in that section, is surprisingly large. Practically all the comforts to which the patient has been accustomed are at hand. The food is of the same character, prepared according to his likes; the petty annoyances are largely absent, and the patient is independent—a desirable feature, if not abused. Nostalgia, a depressant the importance of which we sometimes forget, is relieved, and the invalid becomes as contented as it is possible for a consumptive to become. If the patient's home life has been preceded by several months of sanatorium experience, or if he is under the watchful eye of a careful physician who has secured the cooperation of the family, a most satisfactory state of affairs exists, and one which augurs well for recovery.

The Financial Status of Patients Upon Arrival.

The curability of tuberculosis is in direct proportion to two factors, namely, the intelligence of the individual and his financial status. The importance of poverty as a causative factor is well understood,

but it bears as definite a relation to recovery as it does to cause. Tuberculosis is the poor man's affliction, the great scourge which follows close on the heels of poverty and dooms whomsoever it claims. There are but two staying hands—intelligence and riches—and if neither is possessed, the grim reaper but adds another to his list.

Poverty is the element which adds a touch of sadness to this immense movement westward. The hopelessness of such a movement can never be lost sight of by the keen observer, but financial stress brings into sharper relief its uselessness. A large proportion of those who arrive are totally unprepared to cope with the reverses with which they are sure to meet. What chance has a consumptive who for his recovery requires fresh air, nourishing food, and rest—three purchasable commodities—when he has not the funds with which to secure them? He does not acquire fresh air because his means force him into unfit lodging houses or poorly ventilated bedrooms, he can not buy nourishing food in cheap restaurants, and rest is unobtainable when he is obliged to work in order to exist. Why should he have come, then, under these circumstances? In truth, there is no good reason for his coming.

The hope of employment brings many. They are aware that their means are insufficient, and that after arrival they will have but a few dollars left, but they expect to find work. They have learned nothing of the fact that a dozen consumptives, and half as many others, are already on the scene, each ready to grasp whatever offers, and that industrial conditions in the West are quite dissimilar to those of the East. With but a faint conception of what their expenses will be, and no inkling whatever of the prejudice which exists, they journey forth, only to find that the possibilities are far different from what they seemed.

Others are sent. It has become a common practice for lodges, labor unions, secret societies, churches, and benevolent organizations to forward their tuberculous members to some western resort, and if one is so improvident as not to belong to something of this class and yet is considered worthy the neighbors will doubtless subscribe to a fund, purchase a ticket, and end their responsibility in this manner, the patient arriving at his destination with practically nothing and hopelessly ill. Is it not reasonable to expect that people who are unable to provide for themselves at home will be far more so in a district where they are friendless, where employment is limited, and where the favorable qualities of the individual are not recognized? And what is more natural for one who accepts aid upon his departure than to expect aid upon his arrival? People of this class almost immediately become a burden either upon their lodge, organization, or the public.

During the winter season the Southwest, Florida, California, and other sections are overrun by a large floating population, many of whom are tuberculous. These people are as migratory as the birds, and their number greatly exceeds what is commonly supposed. They may not be tramps in the ordinary sense, but they are nomadic, going from place to place and never satisfied with what they receive. They work when work is obtainable, fill the missions and other relief organizations when necessity requires, and are a somewhat undesirable class, being usually without funds. An exceedingly large proportion of those to whom charity is dispensed are of this class.

Still others come with the idea that the family at home will supply their wants. This the family does, but as the weeks and months go by the financial assistance is apt to diminish, until finally the absent member is thrown entirely on his own resources. Or the health seeker may have been able to care for himself, in some cases for years, but as the disease progresses physical labor becomes impossible or the employer is forced to obtain other help, and the means of livelihood is lost. Among the others some reach the verge of poverty through desertion, improvidence, lack of foresight, or death of relatives or friends. The great cause of destitution, however, is in patients leaving their homes poorly prepared, with no conception of the amount necessary to sustain them, well provided with hope but not with funds. What if their pocketbooks are flat, are they not journeying toward health, and who would expect that the road would be other than rough and troublesome?

The extent of destitution among health seekers can not be definitely gauged, but this aspect of the problem has been dwelt upon so extensively and the protests have become so vehement, while at the same time so few facts and figures have been recorded, that some effort must be made to determine as closely as possible how much of a burden these people have become; besides, from a public-health standpoint the indigents and semi-indigents are the most dangerous classes. In every town visited, therefore, public officials were interviewed, records inspected, and charity and relief organizations communicated with in order to ascertain these points, realizing that this, together with the dangers to health, are the chief reasons for objections being raised to the presence of consumptives in those districts.

To begin with, we must recognize two forms of relief—that furnished for the most part by organized charity and the public to those who are partially destitute and that provided by city or county authorities and hospitals to those who are wholly indigent.

The amount of aid dispensed by individuals can scarcely be overestimated. Restaurants provide meals, business men subscribe to papers, physicians give medical aid, friends furnish transportation, and neighbors minister to many a sufferer. Churches are called upon for assistance, labor unions and secret societies support members of

other lodges, and there is hardly a citizen who is not appealed to. Members of lodges in the East will arrive in the resort towns with cards to the local lodge, which is obliged to interest itself in their welfare. Oftentimes these people will not be altogether without funds, being able to pay perhaps a dollar a day for maintenance, but when care is not obtainable for less than twice that amount they are still in a predicament. The majority, of course, make every attempt to live on the lesser sum and thereby sacrifice every opportunity for recovery. The relief furnished in this manner varies with the community. Some towns have had such a flood of sufferers that they have become unsympathetic, nay even heartless, and rigidly turn away every applicant, while others still minister to the stranger within their gates as if he were one of their own. As a rule, the smaller villages not on the routes of travel are the most cordial, doubtless because they are less often called upon for aid, and the larger cities least so. Individuals also differ in their responsiveness, but in most instances they do far more than could reasonably be expected of them, and many a poor consumptive has some stranger to thank for succor and relief. Taken as a whole, the Southwest has exhibited a degree of charitableness and sympathy for these helpless strangers unsurpassed, and no tribute to their benevolence and generosity can be wholly adequate.

The second form of relief, that dispensed through public charity, is more readily ascertainable and serves better as an indicator of destitution among health seekers, but even here we must guard our conclusions. We have seen that there is a great lack of hospitals and other eleemosynary institutions for the care of the afflicted, and those which are available are totally unable to accommodate the great number of applicants. Private hospitals supplant to a large extent public institutions, and naturally the charity which they dispense is limited and the relief furnished in the way of free-clinic and out-patient departments greatly restricted. For these reasons, then, the figures given of the respective cities are not to be considered as definitely determining the amount of indigency or the extent of the problem, for hundreds have doubtless been turned away unaided; they merely measure what each community has accomplished and what proportion of the burden, so far as their records indicate, rightfully belongs to them. It should be recalled that we are viewing the entire question from an interstate standpoint.

While some uncertainty may be felt as to the cordiality of the welcome extended to the ordinary sufferer, the indigent consumptive can be quite sure that no outstretched hand will greet him upon his arrival, and that his presence is neither expected nor desired. It is not alone because he is a sufferer from tuberculosis that he is unwelcome, but because he is a pauper as well. Whether the disease is

responsible for his pauperism or not is immaterial, the fact of his being a pauper and coming from another community is enough to condemn him.

It is the prevailing opinion among city and county officials, charity workers, and others that this section has been made the dumping ground for the tuberculous poor of other States, and that various organizations and communities transfer to this region their indigent cases in order to be rid of an undesirable class. The matter finally became of such importance that the press was appealed to, and notices were sent throughout the country informing the public of the exact state of affairs—that accommodations were limited, that opportunities for lucrative employment were few, and that no cases should be forwarded to this section unless the patients were supplied with funds sufficient at least to provide care for one year. At about the same time it was heralded that the State of Texas contemplated instituting quarantine procedures for the protection of the health of her people primarily, but secondarily to prevent the importation of an invalid pauper element. Neither of these measures afforded relief. The agitation continuing, finally, following a call issued by the Governor of Texas, a conference was held at Waco, attended by delegates from Kansas, Utah, Colorado, Oklahoma, New Mexico, Arizona, and Texas, for further discussion of the subject. The conference ended with the adoption of the following resolutions and the appointment of a committee of 99 to further the propaganda:

Whereas, for many years consumptives have been coming to the Southwestern States because of the superior advantages of climate for the treatment of this disease; and

Whereas the majority of such persons are financially unable to maintain themselves for a period of time sufficient to restore them to health and become self-supporting; and

Whereas there are not a sufficient number of State, county, and city hospitals in the Southwest to maintain the large number of persons from other States who apply for free treatment, and the public charitable organizations of the Southwest can not care for all such applicants; and

Whereas the States, counties, and cities from which these people come and where they contracted their disease have not aided and will not aid them; and

Whereas the people of the Southwest are becoming infected with tuberculosis, spread by the careless and ignorant consumptive strangers, notwithstanding the fact that natural conditions are unfavorable to the development of tuberculosis: Therefore we, the delegates to the Southwestern Conference on Tuberculosis, hereby

Declare, That the care of consumptives in the Southwest is an interstate problem, and that it is the duty of the Federal Government to take action to provide hospital care for citizens suffering from consumption who have left their native States and are residing in the Southwest seeking health, and who are unable to pay for hospital care.

The Number of Indigent Consumptives.

The actual number of indigent consumptives in the State of Texas can not, of course, be accurately determined, but the records of the two chief resorts, San Antonio and El Paso, are fairly complete and

will be given in turn, together with the approximate expense to each community.

The following table represents the total number of indigents cared for in San Antonio for the four-year period ending December 31, 1913, together with the birthplace of each. In approximately one-quarter of these cases some one had the intelligence to record the birthplace as "American." They are therefore tabulated as coming from other States, though doubtless a few of them were Texas born.

TABLE 10.—*Consumptive paupers, city of San Antonio, in 4-year period.*

Texas (15 per cent)	46
Other States (46 per cent)	199
Foreign (13 per cent)	56
Mexico (23 per cent)	100
Unknown (2 per cent)	9
Total	428

As will be seen, there were treated during this period 428 cases, an average of 107 yearly, but this number includes not only those who came to the city as health seekers, but the city's own tuberculous as well. Of the total number, 64, or 15 per cent, were Texas born, 46 per cent came from other States, 13 per cent were of foreign birth, 23 per cent were born in Mexico, and the remaining 2 per cent were of unknown origin. Considering those born in Texas and those originating in Mexico as belonging to the State, we have as remaining 62 per cent who are clearly indigent interstate migrants. This percentage is but a trifle higher than that of the interstate migrants obtained from the death records, 52 per cent, the increase being accounted for by the error previously mentioned. As far as this city, then, is concerned it does not appear that the percentage of those from other States who have become public charges exceeds those from similar sections who came properly provided with funds, as would be the case had they been shipped in to any extent from across interstate lines. Of the indigents which San Antonio has cared for, at least 38 per cent, and probably many more, are a proper charge upon the city.

Certain facts can also be determined by the length of residence in the State of all public charges. In the following table the native Texans are excluded, which leaves 364 to be accounted for.

TABLE 11.—*Length of residence in the State of indigent consumptives, city of San Antonio, Texans excluded.*

Under 30 days (10.4 per cent)	38
30 days to 6 months (15.3 per cent)	56
6 to 12 months (9.3 per cent)	34
1 to 2 years (8.8 per cent)	32
2 to 5 years (16.2 per cent)	59
5 to 10 years (11.8 per cent)	43
10 to 15 years (7.4 per cent)	27
15 to 20 years (4.4 per cent)	16

Over 20 years (10.2 per cent)	37
Unknown (6.2 per cent)	22
Tuberculosis deaths	364

Of those not born in Texas, 10.4 per cent had been in the State less than 30 days, 15.3 per cent between 30 days and 6 months, 9.3 per cent between 6 months and 1 year, 8.8 per cent between 1 and 2 years, 16.2 per cent between 2 and 5 years, 11.8 per cent between 5 and 10 years, 7.4 per cent from 10 to 15 years, 4.4 per cent from 15 to 20 years, and 10.2 per cent over 20 years, the length of residence of the remaining 6.2 per cent not being stated. In other words, 50 per cent of all indigents not born in Texas had a residence in the State for over 2 years, while practically 34 per cent had resided in the State for a greater period than 5 years. Therefore of the 428 cases treated during the four-year period, 57.4 per cent were either born in the State or had lived there for a longer period than 2 years. This leaves 182 patients who were clearly outsiders cared for in 4 years, an average of but 46 a year. When it is considered that during that time the city harbored a great many thousand consumptives, at least 4,000 a year, we must conclude that she either refuses to care for transients, that she is unable to relieve them, or that the number applying for aid is not as large as has been contended.

Indigent cases in this city are cared for at the county and city hospitals, the latter receiving only emergency cases and those requiring surgical procedures, so that it is possible to closely approximate the expense of their treatment. The average cost of care, ration, treatment, etc., at the city hospital is 76.5 cents per day, and during the four-year period there were 2,170 hospital days, aggregating $1,660, or $465 annually. There were during this time 27 deaths, the expense of burial being $15 each. A liberal estimate of the annual expense would not be over $600. The county hospital is a branch of the county poor farm, with 130 patients, 39 of whom are consumptives. The cost of maintenance is now $14,000, but the number of the tuberculous has never been as large as at present. If the cost of maintenance for consumptives were no greater than for ordinary cases, the annual expenditure would be $4,300, but we know that they require more, hence we will be nearer the truth if we say $7,000, which with the expense at the city hospital makes $7,600. This sum pretty closely approximates the annual amount spent in San Antonio for the relief of consumptives. Inasmuch as over 57 per cent of the cases, as we have previously seen, either were born in Texas or had lived there for a greater period than two years, the remaining 43 per cent is the proportion of the total which clearly and unmistakably belongs to communities outside of the State. This sum is $3,260, the annual expenditure of one of the principal

resort cities of the country for interstate indigent consumptives. Based upon the average population during this period, the per capita cost has been approximately 3 cents per year. Whether the business brought to that city by health seekers is worth this amount is for the citizens to determine.

There are certain other expenditures by organized charity in this city which have not been considered. The county annually expends about $250 for the transportation of paupers, half of whom are tuberculous. The head of the Jewish charities states that 50 per cent of their last year's expense ($3,900) was for indigent consumptives, belonging either in the city or elsewhere. A well-directed Associated Charities, which is the central relief body of the city, has furnished assistance to the following:

	All cases.	Consumptives.	Transient consumptives.
1911	571	124	46
1912	572	97	47
1913	503	71	32

Much of this aid has been in the form of transportation, the cost of which can not be estimated, but some has been for meals and hospital care, the latter being included in the tables just given. There are no visiting nurses and no attempt is made through other means to assist patients. A free clinic, the only one in the city, is maintained in the Mexican quarter and does a vast amount of good, but is not patronized by health seekers.

This, then, represents, so far as could be determined, the annual expenditures and the amount of relief furnished by organized charity to consumptives. While the total sum does not seem particularly large for a city of over 100,000 people, it is an expense which is poorly borne, because it does not rightfully belong to the taxpayers.

Let us move westward to El Paso, one of the favorite haunts for consumptives and particularly for indigents. These cases are all maintained at the county poor farm, and the following table covers the 10-year period.

TABLE 12.—*Consumptive paupers, city of El Paso, for 10-year period.*

	All admissions.	Tuberculosis admissions (19 per cent).		All admissions.	Tuberculosis admissions (19 per cent).
1904	175	32	1910	398	77
1905	185	39	1911	364	80
1906	241	49	1912	409	53
1907	267	59	1913	443	58
1908	305	67			
1909	298	70		3,085	584

It will be seen that the average number of admissions yearly has been 58, or 19 per cent of the total number of patients cared for at county and city expense, this percentage including the very large number of tuberculous Mexican poor. It is unfortunate that no data regarding the length of residence is available and the only means we have for determining where they belonged is by the birthplace. The following table indicates their origin:

TABLE 13.—*Birthplace of indigent consumptives, city of El Paso.*

Texas (6.3 per cent)	37
Other States (55 per cent)	321
Foreign (14.7 per cent)	86
Mexico (21.5 per cent)	126
Unknown (2.4 per cent)	14
Total	584

It is found that 21.5 per cent of the total indigent cases were Mexican born, corresponding very closely with the record at San Antonio, 23 per cent, and also with the percentage of deaths among the non-indigents of those two cities. A somewhat higher proportion, 14.7 per cent, were of foreign birth other than Mexican, making a total of 36.2 per cent who were born outside the United States. Only 6.3 per cent were Texas born, the reason for this being that transportation is cheaper than maintenance for those near their homes. The largest class, 55 per cent, were born in other States, the birthplace of the remaining 2.4 per cent being undetermined.

The 321 indigent consumptives from other States originated as follows:

TABLE 14.—*States where indigent consumptives originated, city of El Paso.*

Missouri	38	North Carolina	6
Illinois	33	South Carolina	5
Ohio	26	Kansas	5
New York	19	New Jersey	4
Tennessee	18	Maine	4
Pennsylvania	16	Massachusetts	4
Virginia	15	Connecticut	3
Kentucky	14	District of Columbia	2
Alabama	14	Florida	2
Mississippi	11	New Mexico	2
Louisiana	10	California	2
Georgia	10	Maryland	1
Indiana	10	Colorado	1
Wisconsin	9	Nebraska	1
Iowa	9	Vermont	1
Michigan	8	Rhode Island	1
Minnesota	8	West Virginia	1
Arkansas	6	Oklahoma	2

El Paso County appropriates annually for the support of the poor between $30,000 and $40,000, $15,000 being the average sum expended for maintaining the county hospital. The superintendent is of the opinion that although indigent consumptives make up less than one-fifth of the admissions, one-quarter of the expense should be charged up to them, $3,750 representing the annual cost. However, 28 per cent of this expenditure is a proper charge, as these people were resident Mexicans or native Texans; hence $2,600 is the average annual amount the El Pasoans have been obliged to pay in the shape of taxes for the care of tuberculous migrants from other States, and it should be remembered that this includes also those who have gained a residence in the State. Based upon the population the per capita cost to the taxpayers has been 7½ cents.

In this city the amount which citizens contribute indirectly is extremely large. There is no central charity organization such as every community should maintain, the work being accomplished through independent bodies. A free clinic was in operation for a year and a half and during this time 476 cases of tuberculosis were treated and 1,050 visits made to the homes of patients, a work the importance of which can not be overestimated, but 60 per cent of this was among the Mexicans. The Visiting Nurses' Association employs two nurses, one of whom devotes her sole time to the care of consumptives. During the last year this society cared for 89 totally indigent cases, furnishing transportation to 31, some being forwarded to extreme eastern and western points. The women's charity organization, Hotel Dieu, and many other societies also render important aid to consumptives.

At San Angelo, a city harboring at least 1,000 consumptives, there has never been an indigent problem, the outlay of the city and county combined not exceeding $100 yearly, most of which is for transportation. The Associated Charities, however, expends approximately $400 annually for aid and railroad fares.

At Fort Worth, Dallas, Galveston, Houston, and Oklahoma City, all nonresort cities, some complaint is made regarding indigents. At Galveston the origin of 167 consumptives dying during the last two years was determined. Of these, 147 belonged in the city, 15 were from other parts of Texas, 4 were sailors, and but 1 was from outside the State. Patients admitted to hospitals numbered 188, all but 6 of whom were residents of Texas. Four of the 6 were sailors, and 2 were Russians who had been in the city but a short time. Houston, being an important railway center, has a greater number of dependents, and the same can be said of Fort Worth and Dallas. These are patients en route to and from the resort cities who have become stranded, those who have been shipped in by other com-

munities, or the members of the large floating population previously referred to.

In 1909 the legislature of Texas was appealed to for assistance in solving the indigent consumptive problem of the State, it being claimed that indigents were so numerous that provision for their care was impossible and that they were a serious menace to health. The legislature responded by appropriating $10,000 to secure transportation to their homes of all such residents of Texas, and the president of the State board of health immediately notified every county judge of the appropriation and its purpose. This amount remained available until July 11, 1911, but during this two-year period only $268.85 was expended. Yet our records show that 15 per cent of all indigents at San Antonio are native Texans, and 34 per cent of the remainder have had a residence of over five years in the State, and 50 per cent over two years. Just why more of this fund was not used is extremely difficult to determine; certainly if the indigent problem had been either serious or menacing greater efforts would have been made toward its solution.

In New Mexico the situation differs in no respect from that of her sister State. The city of Albuquerque, directly or indirectly, expends about $1,500 annually on consumptives, the principal hospital caring for 71 indigents during 1913, being partially reimbursed for their care by the State and city. According to the county clerk, Silver City has no consumptive paupers. Hospital records at Santa Fe show 25 indigents supported during the year, more than 20 of whom were native Mexicans. A former mayor of Deming states that the city expends from $150 to $200 annually, all of which is for transportation, and a county official claims that consumptives are not a burden upon the county, though people often object to their presence. In Las Vegas there is no great expenditure, but women in the town maintain a hospital which during the last seven years has cared for over 800 helpless sufferers, three-fourths of whom were tuberculous. Applicants have never been asked to explain their presence in the city, or their affliction, but if they were sick and in distress have been cared for. Raton, a short distance from the Colorado line, complains that that State ships her indigents to the nearest New Mexican point, which happens to be Raton; therefore they are obliged to draw on the county funds for some $100 annually to purchase the return tickets. The remaining relief is dispensed through the city marshal, who seems to be the "Associated Charities" of the community, his contributions being secured by passing the hat in saloons.

A roundabout method of determining the financial status of at least a portion of migratory consumptives is to ascertain in what proportion of those dying from the disease the body is forwarded to relatives or friends, it being a reasonable conclusion that if funds are

available for this purpose there was no financial stringency before death.

The rates for the shipment of bodies are unreasonably high. They may be forwarded in two ways, either as baggage upon the purchase of the regular limited first-class passenger fare, in which case friends or relatives must accompany, thereby requiring two fares, or by express, the latter rate also invariably being double the first-class limited passenger rate. It is probable that more bodies are shipped by the former method, it often being possible to secure some person to accompany, although the expense in every case falls upon the relatives.

Three cities were taken, San Antonio, El Paso, and Albuquerque, the disposition of every corpse during a period of four years being recorded. All Mexicans have been eliminated, their bodies invariably being interred at the place of death, and native Texans as well, their remains being shipped to points within the State. We are dealing therefore with those migrating from other States whose bodies are returned to their former homes in other States. The percentage of bodies shipped, to those dying of tuberculosis, is as follows:

TABLE 15.—*Percentage of bodies shipped outside the State.*

Year.	San Antonio.	El Paso.	Albuquerque.
	Per cent.	*Per cent.*	*Per cent.*
1910	30	42	48
1911	36	41	57
1912	31	46	61
1913	28	48	59

The lower percentages at San Antonio may be accounted for by the fact that 12 per cent of the population are negroes, many of whom were born in other States, and among whom the tuberculosis death rate is extremely high, their bodies seldom being shipped out of the State. The El Paso and Albuquerque figures are more nearly representative of the typical resort, and they show a surprisingly large percentage of bodies returned to relatives, indicating that in these cases at least there was no financial stringency. It should not be concluded that the remainder did show financial stress, for a large proportion may have lived in the State a sufficient time to form attachments.

We come now to a phase of the indigent problem for which not the slightest justification can be found, and that is the unloading of consumptives of one community upon another. Not alone is it the common practice for some so-called charity organizations, but to a much greater extent for individuals and county and city officials, to dump their paupers, insane, criminals, and undesirables upon

neighboring cities. There can, of course, be no objection, except perhaps from a public-health standpoint, to county officials transferring indigent consumptives to points where they belong or will be properly provided for by relatives or friends, provided such action follows full and complete investigation of all circumstances, but the transportation of indigents for the mere sake of ridding a community of their presence is to be utterly condemned. County officials as a rule make no effort to hide their accomplishments in this direction, defending their action as being for the best interests of all concerned, and claiming that they were elected to office in that particular county and are interested only in the welfare of their own citizens. It is quite useless to explain that officers of adjoining counties hold similar views.

How extensive is this process of "passing on" consumptives? It prevails throughout the health belt, and there is probably not a town in that section which has not been guilty. It is impossible to determine how much is actually expended for this purpose, as the items are hidden in the miscellaneous expenditures of the various counties, but the writer found only one or two officials who denied the practice. A consumptive and insane penniless foreigner arrives in Galveston by steamer from New York, and within three days is in San Antonio. Who is responsible? Plainly either the residents or some city official. Every town visited claimed to be the victim of just such practices, but invariably justified its own action on the ground that it was the only possible remedy. Twenty-five consumptives shifted about western Texas and New Mexico in this fashion appear to number 250, and cause people to exclaim that the problem of the pauper consumptive is a fearful one. At the best, it is a serious one, but actions of this character serve only to magnify and increase it, and when paupers return for a second and third season, at the same time spreading the information among their fellows, how can a city hope for relief? It is contended that the Southwest has been made the dumping ground of pauper consumptives from other States. This is true in the sense that many visit, and some few may be forwarded, to that section improperly provided with funds, but is that justification for the continuance of this traffic? If cases were properly investigated or efforts made to determine the legal residence, there would be little cause for complaint, but this is seldom if ever done, the sole object seemingly being to rid the community of their presence. In some instances even dying patients have been shifted about in this manner.

The central charity organizations of such cities as San Antonio, Fort Worth, Dallas, Houston, and Oklahoma City deplore this method of dealing with indigents. In some of these cities it has been

agreed that the society, and no other organization, shall dispense half-rate charity tickets, a great step in advance. These relief bodies, as well as the principal charitable societies of the country, have subscribed to the National Transportation Rules, the fundamental principles of which are: That applicants must be unable to pay regular fare; that applicants' condition and prospects will be substantially improved by sending them to the place in question; that applicants will have such resources for maintenance at point of destination as will save them from becoming dependent upon charity; or, that applicants shall have a legal residence in the place to which they are sent, or be a proper charge upon the charity of such communities.

It would be highly desirable if these regulations could be adopted in the resort towns, as they would unquestionably greatly lessen the indigent problem. Officials state that if this were done and "passing on" discontinued their own community at least would be flooded with paupers; but it is difficult for an inexperienced person to see the force of this argument. There are a certain number who must necessarily be cared for by some one, and by avoiding the useless expenditure of funds in shifting them about a vast amount would be saved and, at the same time, pauperism discouraged. Even if the towns can not come to a mutual understanding in the matter, the humanitarianism of officials and their regard for the public health should cause them to discontinue a practice which is not only deplorable but merciless as well.

Indigency Among Tuberculous Mexicans.

Throughout this paper tuberculosis among the Mexicans has not been considered an interstate problem, as relatively few pass from one State to another. Nevertheless, it is a question of some concern to the two States under study, inasmuch as a large proportion of indigents—23 per cent at San Antonio and 21.5 per cent at El Paso—are Mexican born. To whom should these people be credited?

The United States immigration laws provide that any person afflicted with tuberculosis shall be debarred from entry. They furthermore prescribe "that any alien who shall enter the United States in violation of law and such as become public charges from causes existing prior to landing shall be deported to the country whence he came at any time within three years after his date of entry into the United States." For the purpose of enforcing these laws an inspection force is maintained at all ports of entry on the Mexican border, supplemented by additional men for the purposes of deportation in the cities referred to.

For the six years ending in 1909, before the influx of refugees began, there were the following deaths from tuberculosis among Mexican-born residents in El Paso:

TABLE 16.—*Length of residence of Mexicans dying from tuberculosis at El Paso.*

Deaths.	Under 30 days (4.7 per cent).	30 days to 6 months (5.5 per cent).	6 to 12 months (1.7 per cent).	1 to 2 years (6.1 per cent).	2 to 5 years (15.2 per cent).	5 to 10 years (24.8 per cent).	10 to 15 years (15.2 per cent).	15 to 20 years (9 per cent).	Over 20 years (13.1 per cent).	Unknown (4.4 per cent).
35.....	3	1	1	4	9	4	7	0	4	2
42.....	1	2	1	1	5	14	8	4	4	2
54.....	3	3	2	4	5	13	9	4	7	4
55.....	2	2	0	7	7	13	6	4	10	4
94.....	4	8	2	3	18	24	14	11	9	1
62.....	3	3	0	2	8	17	8	8	11	2
342.....	16	19	6	21	52	85	52	31	45	15

It will be seen that 4.7 per cent of these cases gave a residence of less than 30 days in the city. It is barely possible that some came from other points in Texas or of New Mexico, but the majority probably crossed the international boundary surreptitiously, or were undetected by the medical inspectors. Ten per cent had resided in the city for less than six months, and 18 per cent for less than two years, but tuberculosis is such a rapidly fatal disease among the Mexicans that every one of these cases could have been healthy at the time of arrival.

The detection of tuberculosis among arriving aliens is, as far as the border inspection is concerned, a difficult procedure. On an average, 20 such cases a year are certified, but this does not begin to represent the total number who have passed through, and more gain entrance illegally. Should, however, any of these cases become public charges, they become deportable at once under the immigration laws, but for some reason the towns are slow to take advantage of this process. Just what proportion of the above cases became public charges and could have been returned is unknown, as data relative to the period of residence were not available.

At San Antonio, however, the number of Mexican indigents suffering from tuberculosis is known, and during the last four years they comprised 23 per cent of all those cared for at public expense. With the idea of determining just what proportion were deportable, the following table was prepared, giving the length of residence in the State, and therefore pretty conclusively proving that they crossed the international boundary and were aliens.

TABLE 17.—*Length of residence, Mexican paupers, city of San Antonio.*

Under 30 days	0
30 days to 6 months	7
6 months to 12 months	7
1 to 3 years	18
3 to 5 years	16
Over 5 years	37

Of the total number of public charges there were 32, or 37.6 per cent, who had been in the State for a shorter period than three years, and therefore should have had their cases investigated with the idea of determining if they belonged to the deportable class. If it could have been shown that the disease existed from causes prior to landing, the entire number, comprising 8 per cent of San Antonio's tuberculous poor, could have been deported, even under the present laws. The reasons why action was not taken were undoubtedly that the disease is so rapidly fatal in this class and that deportation would have been a great hardship.

Remedies for the Relief of the Indigent Problem.

We have seen that the indigent problem appears to be far greater in the larger cities, the smaller towns apparently not suffering to any extent except as cases are shipped in upon them. The amount which has been done by the towns themselves is little indeed when the enormous number of health seekers is considered, but we must again repeat that this in no respect measures the extent of the problem. As towns they have done little because they were unable to do more, and also, and this is an important reason, because they were of the opinion that if more were done the burden would increase. What the towns have failed to do as corporations the residents have fully compensated for as citizens, and the burden to them has not only been great but long continued.

The proportion of those who are wholly unable to provide for themselves is, outside of the centers of population, extremely low. In the cities this class is largely made up of those who drift about from place to place, but their ranks are recruited as well from the improvident, the unintelligent, and many who hope to find employment. The number of consumptives in all places who are inadequately provided with funds is large, yet they do not become public charges, and are successful in eking out an existence in some manner, although in doing so their chances for recovery are greatly lessened.

There is no single remedy to be offered for this situation. The prime requisite, naturally, is to exercise control at the source of the supply, and practically the only method of accomplishing this is through educational means. The public is already partially informed, and physicians who are largely, though unjustly, held responsible for the sad condition of affairs now realize that only favorable cases should be sent. The opening of large sanatoria in the East may serve to further decrease the flow. It is feared, however, that after everything possible has been done this section must pay the penalty of being situated in an atmosphere craved by rich and poor alike.

A common suggestion is that the State should institute quarantine procedures, debarring all those who are unable to show that they are

properly provided with funds. This plan is both impracticable and impossible, and the cost of maintaining such a system would be many times greater than the expense it hopes to save. As a public health measure it is without reason.

In San Antonio over 57 per cent of consumptive paupers are either Texas born or have been residents of the State for a longer period than two years. This means that that city is caring for many who come from the eastern and northern sections of the Commonwealth, and legislation to correct this evil should be instituted at home. There is at present no provision of law whereby a community forced to care for dependents from other cities within the State can be reimbursed for such expenditure, but it would seem that such legal enactment would give beneficial results, and precedents for legislation of this character are numerous.

One other remedy has been offered, and that is the erection of Federal hospitals in the Southwest to care for all indigents. Those who contend that this should be done claim that the entire question is an interstate problem, an erroneous impression by the way; that these people have left their native States and can expect no relief from that source, and that the burden upon the Southwestern States is unreasonable and unjust. Furthermore, they declare that invalids from other sections are giving rise to infection among their own people, and that it devolves upon the National Government, which exercises control over interstate sanitary matters, to act.

As a public-health measure the erection of hospitals for the cure or treatment of tuberculosis is not by any means the most important requisite. The relief of poverty, the regulation of housing, decreasing the morbidity from other diseases, the eradication of unhygienic surroundings, the prohibition of the employment of children, and the control of the hours and conditions of labor, all take precedence over the construction of hospitals as preventive measures. This does not mean that institutional care for the tuberculous is not desirable, or that it has had no effect in decreasing the morbidity and mortality from the disease, as all our figures go to prove the contrary, but that it is but one of several measures to be adopted.

As a solution of the indigent problem, there is far more reason for the erection of Federal hospitals. That there are hundreds of consumptives scattered throughout the health belt who are improperly provided with funds and sadly in need of institutional treatment, goes without saying. We can not expect the resort States to care for these impoverished strangers, and they are perfectly right in demanding that there be some place open to the reception of those who are unable to provide for themselves.

Several interesting questions arise at this point. Would the erection of such institutions, open to the reception of those without means, tend to attract an even greater number of tuberculous poor

to that section? Public officials have repeatedly contended that the reason their respective cities did not attempt more in the way of relief was that it was feared that it would be bruited abroad and increase their burden. Is the same argument applicable in this instance, and would the effect be to stimulate rather than to diminish the flow, for we must remember that the supply of tuberculous poor is inexhaustible? Again, those cities which are loudest in their cry that aid be rendered, very possibly, and we might even say quite probably, would offer strenuous objections to the erection of such institutions in their immediate neighborhood, yet in order to accomplish the purpose for which they are intended they should be accessible to the large centers and not relegated to isolated districts. The entire question is one which should be approached with some caution, and it would seem that it would be preferable to modify in some manner existing regulations governing the admissions of patients to Government hospitals whereby assistance may be rendered and the effects observed, without first going into an extended scheme of hospital construction.

Irrespective of an invalid's physical condition, what is the least amount required by one who contemplates a climatic cure? Before answering this question we must state that a person who measures his earning capacity in the West by what it has been in the East, is making the greatest error, for not only are industrial conditions different but relatively few consumptives can secure employment; therefore it is essential that every health seeker should have a reserve fund upon which to draw. If he is unable to obtain this, whatever his condition, he should remain at home, as the one advantage of climate is insufficient to compensate for the difficulties he is sure to encounter. This means that all those not properly provided with funds are really lessening their chances of recovery by venturing forth. While this statement may seem unsupportable, when we realize that it is not climate which cures, but rest, fresh air, and nourishing food, all three of which only money can buy, one can see that it is not far from the truth after all.

Our standards of living vary to such an extent that it is wholly impossible to fix upon a definite sum as being required by all invalids. However, it is safe to say that no person should leave his home who has not funds to cover his entire expenses for a period of six months after arrival, and preferably for a year. Here again one should not estimate his expenses by what they have previously been, but only after a complete knowledge of actual living conditions and all other circumstances. The cure of tuberculosis is so largely dependent upon proper surroundings and satisfactory living conditions that sacrifice of either is a loss to the health seeker not easily compensated for.

[This article will be concluded in a subsequent issue.]